

## Department of Emergency Services and Public Protection COMMISSION ON FIRE PREVENTION AND CONTROL

## HEALTH AND SAFETY OFFICER EXAMINATION APPLICATION FOR CONNECTICUT CERTIFICATION

NOTE: Application for examination is due at least ten (10) days prior to the scheduled examination. Late applications will not be accepted or processed.

Please **PRINT** all information legibly as it will appear on your permanent records. Both the instructor and candidate must complete this entire application prior to submission.

**APPLICANT DATA** 

	APPLICANT DA	IA		
Last name		First name		MI
Home Street Address		•		•
Town		State Zip Co		
Telephone				
Home ( )		Work ( )	Cell ( )	
Fire Department Name:				
Fire Department City/Town:				
Check One:		Email Address:		
Fire Service Career Volunteer				
Other				
ID Number		Your ID consists of the first (3) letters of your last name and the last four (4) numbers of your social security number.		
		Example: John Adams – SS # 000-00-5555		
		The new ID # will be ADA-5555		
		THE HEW ID # WIII	DE ADA-3333	
By my signature, I acknowledge that, per State Regulations, I have <b>12 months</b> from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.		Applicant Sign	ature	
		Applicant dignature		
W	RITTEN EXAMINATIO	ON DATA		
Examination Date				
		ss days prior to the requested examination date.		
Examination Location Late applications will not be accepted or processed.				
\$30.00 application fee required with applica		yment below:		
Check ( please indicate check # and date )	Purchase order	In-service or Ca (fee included in		
DO NOT SEND CASH			,	
By my signature below, I certify that the aboleast 18 years of age on the date of the exa application will result in revocation of certific	mination. I understand that ir	rect to the best on tentionally makin	of my knowledge and that ng a false statement on th	I will be at is
Applicant's Signature		Date		
Remit completed application and fee to:	Commission on Fire Preven 34 Perimeter Road	tion and Control	1	

Windsor Locks, CT 06096-1069

NAME:	FFID#:			
HEALTH AND SAFETY OFFICER – NFPA Standard 15	21 Compliance			
All objectives of NFPA Standard 1521, Chapter 5, Health and Safety an approved training methodology and duty assignment prior to acce				
Practical Skills Evaluation Sheets				
Each candidate for Health and Safety Officer Certification must be pr Health and Safety Officer Practical Skills Evaluation Sheets in prepar Candidate's initials in this section acknowledge receipt of a copy of a Sheets.	ration for Certification Testing. The			
I hereby acknowledge receipt of the Health and Safety Officer Practical Skills Evaluation Sheets	Candidate Initials:			
Compliance Method 1 - Successful completion of the Connecticut Fire Academy Health and Safety Officer training program				
Compliance Method 2 - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Health and Safety Officer accredited certification				
Compliance Method 3 - Examination Challenge – Director of Certification Approval Required				
By signing below, I certify that this candidate graduated from a training requirements of NFPA 1521, 2008 edition, <i>Fire Department Safety Of Candidate has achieved satisfactory scores on all examinations, demidentified for that level by having been observed and evaluated by a control that the second identified for that level by having been observed and evaluated by a control that the second indicating dates and times of training and the certification process.</i>	Officer, Health and Safety Officer. This nonstrated proficiency in all skill evaluations certified and qualified Fire Service Instructor in State Agencies, Section 7-3231. I have			
Lead Instructor Printed Name	Telephone Number			
Lead Instructor Signature	Date			
	I			